

**OTHER
CONTRACT
FORMS**

**SARASOTA COUNTY GOVERNMENT
CONSENT OF SURETY TO FINAL PAYMENT**

SURETY:

BOND NO.:

OWNER: SARASOTA COUNTY BOARD OF COUNTY COMMISSIONERS

PROJECT TITLE: HOME DEPOT MASTER PUMP STATION & FORCE MAIN

CONTRACT #

CONTRACTOR:

EFFECTIVE DATE OF BOND:

In accordance with the provisions of the Contract referenced above between the above Owner and Contractor, the Surety Company named below:

SURETY COMPANY NAME:
SURETY COMPANY ADDRESS:

under Bond with the Contractor named below:

CONTRACTOR NAME:
CONTRACTOR ADDRESS:

Hereby approves final payment by the Owner to the Contractor and agrees that final payment does not relieve the Surety of its obligations under the Bond to the Owner named below:

**SARASOTA COUNTY COMMISSION
1660 RINGLING BOULEVARD
SARASOTA, FL 34234**

IN WITNESS WHEREOF, the Surety has hereto set its hands on this date _____, 20__

Surety

Signature of Authorized Representative

Printed Name and Title

Attest/Witness:
(Seal): _____

Attached: Notarized Power of Attorney

**SARASOTA COUNTY
LOCAL HIRING INITIATIVE
Participation Form**

Instructions:

In Sarasota County’s Local Hiring Initiative Resolution No. 2013-127, the CONTRACTOR is encouraged to work with Career Source Suncoast (formerly known as Suncoast Workforce, Inc.), or any other agency designated by the State of Florida as a Workforce development agency, to increase employment opportunities for local residents. Local residents are defined as “residents of Sarasota County,” but that definition may be expanded to include Manatee and Charlotte Counties if the requisite skill set is not available in Sarasota County. Resolution No. 2013-127 establishes an aspirational goal for contractor and subcontractors to hire 15% minimum local residents as the new hires for construction and construction related projects.

The CONTRACTOR shall complete the information below to provide information on any new hires needed by the Contractor or their subcontractor(s) to complete the Project.

This information must be submitted as part of the monthly pay requests.

Date: _____
 Project Name: _____ Contract Number: _____
 Contractor: _____ Submitted by: _____

Report on New Hires – Please indicate Any New Hires during the past month.

County of Resident	Number of New Hires Required to Complete Project	Number New Hires Local Residents	Cumulative New Hires to Date (Include previous months totals)
Sarasota			
Manatee			
Charlotte			
Other			

- By checking this box, the CONTRACTOR hereby acknowledges Sarasota County’s Local Hiring Initiative and indicates that no New Hires were required by the CONTRACTOR or their subcontractor(s) to complete the Project.

**Standard Form For
CONTRACTOR'S FINAL AFFIDAVIT & RELEASE of LIEN**

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned authority, personally appeared _____,
who, after being by me first duly sworn, deposes and says that:

1. He is _____ of _____,
(Title of Officer) (Name of Company)
doing business in the State of Florida, hereinafter called "Contractor".
2. Contractor pursuant to a Contract dated _____,
hereinafter referred to as "Contract", with Sarasota County, Florida, hereinafter
referred to as "County", has heretofore furnished or caused to be furnished labor,
material and services for the construction of certain improvements as more
particularly set forth in said contract.
3. Contractor represents that all work to be performed under the aforesaid Contract has
been fully completed and that all persons and firms who furnished material, labor
and/or services incident to the completion of said work have been paid in full except
to the following:

(Write in "None" if all persons and firms have been paid in full)

<u>NAME</u>	<u>ADDRESS</u>	<u>AMOUNT DUE</u>
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4. The undersigned affiant for and in consideration of final payment to him in the
amount of \$_____, and all other previous payments paid by County
to contractor, does hereby for and in behalf of the Contractor, waive, release, remise
and relinquish the contractor's right to claim, demand or impose a lien or liens for
work done or materials and/or services furnished or any other class of lien
whatsoever, on any of the premises owned by County on which improvements have
been completed in connection with the aforementioned contract.
5. The affiant herein does hereby represent that he has authority to execute a full and
final Release of Lien for and in behalf of the Contractor as set forth above.
6. The affiant herein makes this Affidavit and Release of Lien for the express purpose of
inducing County to make final disbursement and payment to the Contractor in the
amount of \$_____.
7. This Affidavit and Release of Lien is made by affiant with full knowledge of the
applicable laws of the State of Florida. In addition to such rights as may be afforded
to County under said applicable laws, affiant expressly agrees to indemnify and save
County harmless from any and all actual costs and expenses, including reasonable
attorney's fees, arising out of claims by laborers, subcontractors or materialmen who
might claim that they have not been paid for services or material furnished by or
through the contractor in connection with the work performed under the
aforementioned Contract.

Name of Corporation

By: _____
President

(CORPORATE SEAL)

ATTEST:

Name of Corporation

Secretary

Sworn to and subscribed before me this
day _____
(date)

Notary Public

(NOTARY SEAL)

My Commission Expires: _____

STORED MATERIALS AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

Before me, the undersigned authority, personally appeared _____,
who being duly sworn, says that he is a subcontractor for _____
of _____, General Contractor for _____
Project, and that all materials billed on the attached invoice are being held in the
subcontractor's warehouse at _____, Florida, for this project,
and are fully insured against loss or damage.

(Subcontractor Firm Name)
By: _____
(Name of Representative)

(Title of Representative)

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20____

Notary Public:

My commission expires: _____

FOR

General Contractor for this project states that the stored materials constitute a part of the
Performance, payment and guarantee bond, and are for this project only.

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20____

Notary Public:

My commission expires: _____

**SARASOTA COUNTY GOVERNMENT
PERFORMANCE AND PAYMENT BOND**

In compliance with F.S. Chapter 255.05(1)(a)

BOND NO.:	_____
CONTRACTOR NAME:	_____
CONTRACTOR ADDRESS:	_____

CONTRACTOR PHONE NO.:	_____
SURETY COMPANY:	_____

SURETY AGENT:	_____

OWNER NAME:	_____ Sarasota County Board of County Commissioners
OWNER ADDRESS:	_____ 1 Apex Road
	_____ Sarasota FL 34240
OWNER PHONE NO.:	_____ 941-861-5000
BOND AMOUNT:	_____
CONTRACT NO.: (if applicable)	_____
DESCRIPTION OF WORK:	_____ Project consists of installation of one mile of
	_____ 16-inch diameter force main pipe and tie-in
	_____ connection at Mauna Loa Blvd. Project also
	_____ includes 18-inch Horizontal Directional Drill (HDD)
	_____ installation, electrical and instrumentation, odor
	_____ control and diesel backup pump installation.
PROJECT ADDRESS:	_____ Pump Station address is: 4099 Cattlemen Rd.,
	_____ Sarasota, FL 34233. The project will start and
	_____ go east one mile under I-75.
LEGAL DESCRIPTION:	_____ Section 01, Township 37 South, Range 18 East.

By this bond, we, _____, as Principal and _____, a corporation, as Surety, are bound to Sarasota County Board of County Commissioners, herein called Owner, in the sum of \$ _____, for payment of which we bind ourselves, our heirs, personal representatives, successors, and assigns, jointly and severally. The conditions of this bond is that if Principal:

**SARASOTA COUNTY GOVERNMENT
PERFORMANCE AND PAYMENT BOND**

In compliance with F.S. Chapter 255.05(1)(a)

1. Performs the Contract dated _____, between principal and Owner for construction of **Home Depot Master Pump Station & Force Main, Bid #XXXXXXX** the contract being made a part of this bond by reference, at the times and in the manner prescribed in the contract; and
2. Promptly makes payments to all claimants, as defined in Section 255.05 (1) Florida Statutes, supplying principal with labor, materials, or supplies, used directly or indirectly by principal in the prosecution of the work provided for in the contract; and
3. Pays Owner all losses, damages, expenses, costs, and attorney's fees, including appellate proceedings, that Owner sustains because of a default by principal under the contract work; and
4. Performs the guarantee of all work and materials furnished under the contract for the time specified in the contract, then this bond is void; otherwise it remains in full force.

Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the contract or the changes does not affect surety's obligation under this bond.

Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes.

**SARASOTA COUNTY GOVERNMENT
PERFORMANCE AND PAYMENT BOND**

In compliance with F.S. Chapter 255.05(1)(a)

In witness whereof, the said Principal and Surety have signed and sealed this instrument

this

_____ (date)

Principal

By:

As President
(SEAL)

Surety

By:

Approved as to form and execution:

By: _____
Attorney to Board of
County Commissioners of
Sarasota County, Florida

Any Claims under this bond may be addressed to
(name and address of Surety):

Telephone No: _____

Name and address of agent or representative in Florida if different from above:

Telephone No: _____

County Change Order Request Form

County's Designated Agent for this Project:

Name: [Click or tap here to enter text.](#)

Position: [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#)

Instructions: This form is used by the County's Designated Agent for ALL Change Order Requests. Each step must be completed in its entirety and stored in the County's current Project Management Information System.

No Work associated with this Request is to be started until written County Approval, as described herein, is given.

A request for a Change Order price quote resulting in a Contract Modification must be processed through either an IFCA or a Contract Amendment, depending on amount of the price quote and the County's Designated Agent's approval authority.

IFCA: A Change Order price quote resulting in a Contract Modification that does not increase the monetary amount of the Contract. An IFCA shall only be initiated by the County Designated Agent set forth herein after completion of all steps in this Change Order Request Form.

Contract Amendment A Change Order price quote resulting in a Contract Modification that increases the Contract not-to-exceed amount.

A Contract Amendment requires approval by the appropriate delegated authority to authorize the expenditure of such Change Order. See Res. No. 2022-152 and the Procurement Manual, as amended, for further details. Change Order Requests requiring a Contract Amendment shall only be issued by the appropriate delegated authority. If funds have not been appropriated by the Board of County Commissioners, a Change Order Request shall only be issued by the Board.

Step 1: Request

The County Designated Agent requests a price quote to change the scope of the Project and directs the responsible engineer/architect to complete documentation supporting the request using Form for Step 1 of this form.

Step 2: Contractor Cost Proposal

County Change Order Request Form

Instructions (cont'd)

Upon receiving a County-issued Change Order Request Form for Step 1, the Contractor shall submit a written price quote on the Form for Step 2 to the County Designated Agent listed above and must be signed and dated by the Contractor's authorized agent. Price quotes not in conformance with the above shall not meet the contract requirements for Change Orders.

Step 3: Approval or Denial to be filled out by County's Designated Agent on the Form for Step 2 and returned to Contractor within 35 days of receipt of price quote

Upon the County Designated Agent's receipt of Contractor's price quote, County Designated Agent will review the price quote and, within 35 days after receipt of such quote, send written notice to Contractor of whether the County approves or denies the price quote. If the price quote is denied, the denial notice will specify the deficiency and actions necessary to remedy the deficiency.

A price quote shall be denied as deficient if the price quote is above the Contract amount, more than the remaining contingency, above the budgeted funds appropriated for the Project, or above the County Designated Agent's approval authority. Additionally, the County Designated Agent shall have discretion to deny the price quote for other reasons that are in the interests of the Project and County.

Step 4. Processing of approved Change Agreement

If the price quote is approved by the County's Designated Agent who is authorized to approve such expenditure, an Interim Field Change Agreement (IFCA) will be processed for the additional work reflected in the approved Change Order Request to begin. No work is to begin until the IFCA is completed.

Rights Reserved

If the price quote is denied, the County reserves the right to re-issue a change order request for a new price quote at a later date by written notification from the County representative who has the signature authority for the relevant monetary amounts.

Nothing herein shall change or waive the County's rights set forth in the other provisions of the Contract.

In the event s. 218.755, F.S., is determined to be invalid by a court of competent jurisdiction, the statutory requirements as set forth above shall be null and void.

County Change Order Request Form

FORM STEP 1 - Request

CHANGE ORDER REQUEST NO.: COR- enter COR Number

PROJECT NAME: Click or tap here to enter text.

CIP PROJECT NO.: Click or tap here to enter text.

PO NO. Click or tap here to enter text.

CONTRACT NO.: Click or tap here to enter text.

DATE: Click or tap here to enter text.

AOR/EOR

Firm Name

NAME: Representative Name

TITLE: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

THIS IS **NOT** A CHANGE ORDER, INTERIM FIELD CHANGE AGREEMENT (IFCA) OR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED IN THE DESCRIPTION.

The Architect or Engineer of Record has provided the following to be used in the change order cost proposal.

<<Note to A/E: COR may include multiple items. Add to section below as needed.>>

COR Item No. Click or tap here to enter No. For: Click or tap here to enter COR Description.

REASON FOR REQUEST: Click or tap here to enter text.

PROPOSED CHANGES: Click or tap here to enter text.

<<Note to A/E: Reference specific edits to contract documents and attach all documents. Use DRAWING and/or SPECIFICATIONS sections as needed.>>

DRAWINGS:

1. Prof. Discipline Sheet Sheet Number Revision number dated Revision Date
Brief description of changes included on sheet

2. Prof. Discipline Sheet Sheet Number Revision number dated Revision Date
Brief description of changes to spec section

SPECIFICATIONS:

3. Specifications Section Section Number – Section Name dated Revision Date

ATTACHMENTS:

County Change Order Request Form

FORM STEP 1 – Request (cont'd)

1. [Click or tap here to enter text.](#)
2. [Click or tap here to enter text.](#)
3. [Click or tap here to enter text.](#)

Printed name of AOR/EOR: [Click or tap here to enter text.](#)

Signature: _____

Date: _____

Printed name of County Designated Agent: [Click or tap here to enter text.](#)

Signature: _____

Date: _____

[End of FORM - STEP 1]

Remainder of page intentionally left blank

County Change Order Request Form

FORM STEP 2 – Contractor’s Proposal

CHANGE ORDER REQUEST NO.: COR- enter COR Number

PROJECT NAME: Click or tap here to enter text.

CONTRACTOR Firm Name

NAME: Contractor’s Authorized Agent Name

TITLE: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

DESCRIPTION:

1. Contractor’s price quote total: Click or tap here to enter text.

2. Additional contract days requested: Click or tap here to enter text.

3. Additional information related to the price quote:

Click or tap here to enter text.

4. Attachments:

a. Click or tap here to enter text.

b. Click or tap here to enter text.

c. Click or tap here to enter text.

Submittal Date of Price Quote: Click to enter Date

Approval/Denial Date (35 calendar days from Submittal): Click to enter Date

Price Quote valid thru Date (Optional): Click to enter Date or N/A

Contractors Authorized Agent Signature:

[End of FORM - STEP 2]

Remainder of page intentionally left blank

County Change Order Request Form

FORM STEP 3 – Approval or Denial

CHANGE ORDER REQUEST NO.: COR- Click to enter COR Number

PROJECT NAME: Click or tap here to enter text.

A. The Designated Agent recommends approval of the Contractor’s Proposal:

- Recommend Approval – IFCA will be initiated for approval and execution

B. Designated Agent denies the Contractor’s Proposal and specifies the following deficiencies:

- Denied – Requires a Contract Amendment and Board approval. Request requires a Contract Amendment or no other delegated authority exists. Item may be brought before Board to consider issuing a Change Order.
- Denied – Price quote is too expensive
- Denied – Other reason(s) for deficiency: Click or tap here to enter text.

C. If denied, the Designated Agent identifies the following possible actions to remedy deficiencies:

- Designated Agent will request preparation of a draft Contract Amendment incorporating the Contractor’s Proposal to be brought before the Board for consideration. The anticipated Board date is before the Price Quote valid thru Date identified by the Contractor on the Step 2 Form.
- Contractor’s Proposal may be adjusted and resubmitted to reduce price.
- Other means to remedy: Click or tap here to enter text.

Printed name of County Designated Agent: Click or tap here to enter text.

Signature: _____

Notification Date of Approval or Denial: Click or tap here to enter text.

[End of FORM - STEP 3]

Remainder of page intentionally left blank